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TITLE: Charity Care Policy		Implementation Date: 02/91 Revised Date: 09/05, 01/07				
APPROVED: (Signed) Signature in file (Typed) Glen Marshall, CEO/ Superintendent Date: September 2009	Annual Review by:	MB	MK	BK	BB	
	Date:	02/01	10/04	01/07	09/09	

I. Purpose:

To identify those patients who qualify for Charity Care and to provide assistance in the completion of the application for Charity Care. To ensure that all patients of Kennewick General Hospital in need of necessary health care are not denied access to services at KGH based on their ability to pay. All persons unable to pay or unable to pay in full for hospital services, may apply for Charity Care. In addition all self-pay patients may receive a 20% discount from full charges if paid within 30-days of initial billing.

II. Statement of Policy:

Kennewick General Hospital is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and Charity Care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and Charity Care while ensuring the maintenance of a sound financial base.

III. Communications to the Public:

Information about Kennewick General Hospital's financial assistance and Charity Care Policy shall be made publicly available as follows:

- A. A notice advising patients that Kennewick General Hospital provides financial assistance and Charity Care shall be posted in key public areas of the hospital, including Admissions, the Emergency Department, Billing and Financial Services.
- B. Kennewick General Hospital will make available and distribute a written notice about the availability of financial assistance and Charity Care to all patients. This will be done at the time that Kennewick General Hospital staff requests information pertaining to third party coverage, or at any time there is reason to believe the patient may need financial assistance. The written notice may also be verbally explained at this time. If for some reason, (for example in an emergency situation) the patient is not notified of the existence of financial assistance and Charity Care before receiving treatment; he/she shall be notified in writing as soon as possible thereafter.
- C. The written notice shall be made readily available in English and Spanish. Verbal explanation will be made readily available in English and Spanish and the verbal explanation shall be available in any language via the Language Line.

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- D. Kennewick General Hospital shall train front-line staff to answer financial assistance and Charity Care questions effectively or direct such inquiries to the appropriate department in a timely manner.
- E. Written notice about Kennewick General Hospital's financial assistance and Charity Care Policy shall be made available to any person who requests the information, either by mail, by telephone or in person. Kennewick General Hospital's sliding fee schedule, if applicable, shall also be made available upon request.

IV. Confidentiality:

All applications and documentation provided in order to determine eligibility will be kept in strictest confidence. Copies of documentation will be attached to or enclosed within the application and properly safeguarded to protect that confidentiality.

V. Eligibility Criteria:

- A. Financial assistance and Charity Care are generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.
- B. Patients will be granted financial assistance and Charity Care regardless of race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person
- C. Financial assistance and Charity Care shall be limited to "appropriate hospital-based medical services as defined in WAC 246-453-010(7) unless specifically approved within the defined limits of authority to do so.
- D. In those situations where appropriate primary payment sources are not available, patients shall be considered for financial assistance and Charity Care under this policy based on the following criteria:
 - a. All patients with income at or below 200% of the Federal Poverty Guidelines will be approved at 100% discount.
 - b. All patients with income between 201% -300% of the Federal Poverty Guidelines will be approved at a 50% discount.
- E. Catastrophic Charity Care – Kennewick General Hospital may write-off as Charity Care amounts for patients with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.
- E. The responsible party's financial obligation, which remains after the application of any sliding fee schedule, shall be payable as negotiated between the HOSPITAL and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed, there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

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- F. Kennewick General Hospital shall not require a disclosure of the existence and availability of family assets from financial assistance and Charity Care applicants whose income is less than 100% of the current federal poverty level, but may require a disclosure of the existence and availability of family assets from financial assistance and Charity Care applicants whose income is at or above 101% of the current federal poverty level.

VI. Eligibility Determination:

A. Initial Determination

1. Kennewick General Hospital shall use an application process for determining eligibility for financial assistance and Charity Care. Requests to provide financial assistance and Charity Care will be accepted from sources such as physicians, community or religious groups, social services, financial services personnel, and the patient, provided that any further use or disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act privacy regulations and Kennewick General Hospital's privacy policies. All requests shall identify the party that is financially responsible for the patient ("responsible party").
2. The initial determination of eligibility for financial assistance and Charity Care shall be completed at the time of admission, or as soon as possible following initiation of services to the patient.
3. Pending final eligibility determination, Kennewick General Hospital will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with Kennewick General Hospital's efforts to reach a final determination of sponsorship status.
4. If Kennewick General Hospital becomes aware of factors which might qualify the patient for financial assistance or Charity Care under this policy, it shall advise the patient of this potential and make an initial determination that such account is to be treated as qualified to receive financial assistance or Charity Care.

B. Final Determination

1. Prima Facie Write-Offs - In the event that the responsible party's identification as an indigent person is obvious to Kennewick General Hospital's personnel, and they can establish that the applicant's income is clearly within the range of eligibility, Kennewick General Hospital will grant Charity Care based solely on this initial determination. In these cases, Kennewick General Hospital is not required to complete full verification or documentation. (In accordance with WAC 246-453-030(3)).
2. Financial assistance and Charity Care forms, instructions, and written applications shall be furnished to the responsible party when financial assistance or Charity Care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or Kennewick General Hospital, should be accompanied by documentation to verify information indicated on the application form. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Charity Care eligibility:
 - a. A "W-2" withholding statement;
 - b. Pay stubs from all employment during the relevant time period;
 - c. An income tax return from the most recently filed calendar year;

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- d. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- e. Forms approving or denying unemployment compensation; or
- f. Written statements from employers or DSHS employees.

- 3. During the initial request period, the patient and Kennewick General Hospital may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party will be required to provide written verification of ineligibility for all other sources of funding. Kennewick General Hospital may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
 - 4. Usually, the relevant time period for which documentation will be requested will be three months prior to the date of application. However, if such documentation does not accurately reflect the applicant's current financial situation, documentation will only be requested for the period of time after the patient's financial situation changed.
 - 5. In the event that the responsible party is not able to provide any of the documentation described above, Kennewick General Hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person. (WAC 246-453-030(4)).
- C. Time frame for final determination and appeals.
- 1. Each financial assistance and Charity Care applicant who has been initially determined eligible for Charity Care shall be provided with at least fourteen (14) calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her Charity Care application prior to receiving a final determination of sponsorship status.
 - 2. Kennewick General Hospital shall notify the applicant of its final determination within fourteen (14) days of receipt of all application and documentation material.
 - 3. The responsible party may appeal a denial of eligibility for Charity Care by providing additional verification of income or family size to the Director of Patient Financial Services, or designee, within thirty (30) days of receipt of notification.
 - 4. The timing of reaching a final determination of Charity Care status shall have no bearing on the identification of Charity Care deductions from revenue as distinct from bad debts, in accordance with WAC 246-453-020(10).
- D. If the patient or responsible party has paid some or the entire bill for medical services and is later found to have been eligible for financial assistance or Charity Care at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within thirty (30) days of receiving the financial assistance or Charity Care designation.
- E. Adequate notice of denial:
- 1. When an application for financial assistance and Charity Care is denied, the responsible party shall receive a written notice of denial which includes:
 - a. The reason or reasons for the denial;

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- b. The date of the decision; and
- c. Instructions for appeal or reconsideration.

2. When the applicant does not provide requested information and there is not enough information available for Kennewick General Hospital to determine eligibility, the denial notice also includes:
 - a. A description of the information that was requested and not provided, including the date the information was requested;
 - b. A statement that eligibility for Charity Care cannot be established based on information available to Kennewick General Hospital; and
 - c. That eligibility will be determined if, within thirty days from the date of the denial notice the applicant provides all specified information previously requested, but not provided.
3. The Director of Patient Financial Services, and/or CEO/Superintendent, will review all appeals. If this review affirms the previous denial of financial assistance and Charity Care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

F. If a patient has been found eligible for financial assistance or Charity Care and continues receiving services for an extended period of time without completing a new application, Kennewick General Hospital shall re-evaluate the patient's eligibility for financial assistance and Charity Care at least annually to confirm that the patient remains eligible. Kennewick General Hospital may require the responsible party to submit a new financial assistance and Charity Care application and documentation.

VII. Documentation and Records:

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to financial assistance and Charity Care shall be retained for five (5) years.

VIII. Implementation & Training Plan:

Responsible Party

Guidelines/Action Steps

Director of Patient
Financial Services

1. Inform and train all Patient Financial Services and Admitting Staff of new policy via departmental staff meetings.
2. Ensure copy of new policy is available to all staff
3. Ensure updated copy available on the KGH Website
4. Ensure updated copy forwarded to DOH (Dept. of Health)

IX. References:

Distribution: Housewide
 Supersedes: Discounted Hospital Services Policy
 Prepared by: Director of Patient Financial Services
 Reviewed by: CFO, Policy & Procedure Committee, Finance & Audit Committee, Board of Commissioners
 Approved by: CEO/Superintendent



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